Bankers Life and Casualty Company

GR-N190

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods				
✓ 1 Yr.✓ 5 Yrs.	✓ 2 Yrs.✓ 6 Yrs.	✓ 3 Yrs.☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	✓ 0 days☐ 20 days✓ 30 days			TYPE Calendar Day Service Day	
Nursing Home Daily Benefit Amounts				Inflation Protection				
	n to \$300 maxim d in increments o □ per week lle			✓ 5% Compo✓ 5% Simple	und 🗌 Gua	aranteed P	urchase Optioi	n
Home Care Benefit Amounts				Residential Care Facility Daily Benefit Amounts				S
Represents the percentage of the Nursing Home Daily Benefit Amount.			ome Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.				
✓ 100% □ 70%	□ 90% □ 60%	□ 80% ⊻ 50%	□ 75%	✓ 100% ✓ 70%	□ 90%	□ 80%	□ 75%	

Waiver of Premium

For facility type benefits, premiums are waived after the elimination period, if any, is satisfied. For HHC type benefits, premiums are waived after 90 days of receiving covered services. Premium for any attached riders are also waived.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 \	Year Maximum P	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	\$1,135	Not Available	\$1,020	Not Available	\$1,916
55	Not Available	\$1,429	Not Available	\$1,285	Not Available	\$2,375
60	Not Available	\$1,868	Not Available	\$1,679	Not Available	\$3,036
65	Not Available	\$2,505	Not Available	\$2,251	Not Available	\$3,994
70	Not Available	\$3,532	Not Available	\$3,174	Not Available	\$5,540
75	Not Available	\$5,045	Not Available	\$4,535	Not Available	\$7,663
80	Not Available	\$7,370	Not Available	\$6,624	Not Available	\$0

General Electric Capital Assurance Company

7037C

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit A	Amounts		Elimination Periods				
✓ 1 Yr. ☐ 5 Yrs.	✓ 2 Yrs.✓ 6 Yrs.	✓ 3 Yrs. ☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days	☐ 60 days☑ 90 days☐ 100 days	TYPE ☐ Calendar Day ☐ Service Day		
Nursing Hon	ne Daily Bene	fit Amounts		Inflation Protection				
	n to \$250 maxim d in increments o ☐ per week le			✓ 5% Compou✓ 5% Simple	und \square Guaran	teed Purchase Option		
Home Care Benefit Amounts				Residential Care Facility Daily Benefit Amounts				
Represents th Benefit Amount 100% 70%	ne percentage of nt. 90% 60%	the Nursing Ho	ome Daily	Benefit Amount.		Nursing Home Daily		

Waiver of Premium

Waiver of premium applies once the elimination period has been satisfied.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimination Period.		90 Day Elimination Period.	
3 \	ear Maximum P	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50	Not Available	\$1,120	Not Available	\$1,020	Not Available	\$1,630
55	Not Available	\$1,310	Not Available	\$1,180	Not Available	\$1,950
60	Not Available	\$1,750	Not Available	\$1,560	Not Available	\$2,600
65	Not Available	\$2,380	Not Available	\$2,130	Not Available	\$3,670
70	Not Available	\$3,560	Not Available	\$3,190	Not Available	\$5,370
75	Not Available	\$5,490	Not Available	\$4,940	Not Available	\$8,210
80	Not Available	\$8,130	Not Available	\$7,320	Not Available	\$12,090

John Hancock Life Insurance Company

CAP-02

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum Policy Benefit Amounts				Elimination Periods				
✓ 1 Yr.✓ 5 Yrs.	✓ 2 Yrs.✓ 6 Yrs.	 ✓ 3 Yrs. ☐ 7 Yrs.	✓ 4 Yrs.✓ Lifetime	☐ 0 days ☐ 20 days ☑ 30 days		TYPI □ Calen ✓ Service	dar Day	
Nursing Home Daily Benefit Amounts				Inflation Protection				
	m to \$500 maxim d in increments o ☐ per week ble			✓ 5% Compos✓ 5% Simple	und □ Guarar	iteed Purchas	e Option	
Home Care Benefit Amounts				Residential Care Facility Daily Benefit Amounts				
Represents the percentage of the Nursing Home Daily Benefit Amount.			ome Daily	Represents the percentage of the Nursing Home Daily Benefit Amount.			e Daily	
✓ 100% □ 70%	□ 90% □ 60%	✓ 80%✓ 50%	□ 75%	✓ 100% ✓ 70%	□ 90% □	80%	□ 75%	

Waiver of Premium

While receiving benefits and after the satisfaction of the elimination period.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

30 Day Elimination Period.			90 Day Elimi	nation Period.	90 Day Elimination Period.	
3 Yea	ır Maximum P	olicy Benefit	3 Year Maximui	m Policy Benefit	Lifetime Benefit	
Issue Age	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection
50 No	ot Available	\$1,452	Not Available	\$1,210	Not Available	\$1,930
55 No	ot Available	\$1,764	Not Available	\$1,470	Not Available	\$2,330
60 No	ot Available	\$2,064	Not Available	\$1,720	Not Available	\$2,680
65 No	ot Available	\$2,616	Not Available	\$2,180	Not Available	\$3,490
70 No	ot Available	\$3,444	Not Available	\$2,870	Not Available	\$4,780
75 No	ot Available	\$5,484	Not Available	\$4,570	Not Available	\$7,470
80 No	ot Available	\$8,496	Not Available	\$7,080	Not Available	Not Available
50 No 55 No 60 No 70 No 75 No 80 No 65	Protection ot Available	\$1,452 \$1,764 \$2,064 \$2,616 \$3,444 \$5,484 \$8,496	Protection Not Available	\$1,210 \$1,470 \$1,720 \$2,180 \$2,870 \$4,570	Protection Not Available	\$1,93 \$2,33 \$2,68 \$3,49 \$4,78 \$7,47

New York Life Insurance Company

21156(0102)

This policy form is for Comprehensive Long-Term Care. This is a Partnership type policy and is classified as Tax Qualified.

Maximum P	olicy Benefit A	Amounts		Elimination Periods				
✓ 1 Yr.✓ 5 Yrs.	✓ 2 Yrs. □ 6 Yrs.	✓ 3 Yrs. ☐ 7 Yrs.	✓ 4 Yrs. ✓ Lifetime	□ 0 days□ 20 days☑ 30 days	☐ 60 days✓ 90 days☐ 100 days	☐ Ca	YPE alendar Day ervice Day	
Nursing Hon	ne Daily Bene	fit Amounts		Inflation Protection				
	n to \$300 maxim d in increments o			✓ 5% Compo✓ 5% Simple		aranteed Purc	hase Option	
Home Care	Benefit Amou	ınts		Residential Care Facility Daily Benefit Amounts				
Represents the percentage of the Nursing Home Daily Benefit Amount.			ome Daily	Represents the Benefit Amount.		the Nursing H	lome Daily	
✓ 100% ✓ 70%	✓ 90% ✓ 60%	✓ 80% ✓ 50%	□ 75%	✓ 100% ✓ 70%	□ 90%	□ 80%	□ 75%	

Waiver of Premium

Premiums are waived as soon as benefits are paid under the Nursing Home or Home Care benefit (after the waiting period has been satisfied). This requirement must be satisfied once for each period of care.

Annual premium amount for Comprehensive Long-Term Care Policy with a \$100 daily benefit amount.

Day Elimination Period.			Day Elimination Period.		Day Elimination Period.			
3 `	Year Maximum P	Policy Benefit	3 Year Maximu	m Policy Benefit	Lifetime Benefit			
Issue Age		With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection	No Inflation Protection	With 5% Inflation Protection		
50	Not Available	\$1,372	Not Available	\$1,083	Not Available	Not Available		
55	Not Available	\$1,812	Not Available	\$1,427	Not Available	Not Available		
60	Not Available	\$2,194	Not Available	\$1,727	Not Available	Not Available		
65	Not Available	\$2,819	Not Available	\$2,215	Not Available	Not Available		
70	Not Available	\$3,760	Not Available	\$2,947	Not Available	Not Available		
75	Not Available	\$5,624	Not Available	\$4,444	Not Available	Not Available		
80	Not Available	\$0	Not Available	\$0	Not Available	Not Available		
D - C	Defeate Continue Of the information on any signature in any signature in the ACCO for this any signature.							